

COUNTY OF MERCER
OFFICE OF PERSONNEL
640 South Broad Street, P.O Box 8068, Trenton, NJ 08650
APPLICATION FOR EMPLOYMENT
“An Equal Opportunity and ADA Employer”

Brian M. Hughes
County Executive

Raissa L. Walker
Personnel Director

PLEASE TYPE OR PRINT

Mercer County residency required.

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NO.	AREA CODE & PHONE #
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PRESENT ADDRESS (NUMBER & STREET)	(CITY)	(STATE)	(ZIP CODE)
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ARE YOU A RESIDENT OF MERCER COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION APPLYING FOR:
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LIST ALL HIGH SCHOOL, VOCATIONAL TRAINING SCHOOLS, COLLEGES, UNIVERSITIES OR GRADUATE SCHOOLS WHICH YOU ATTENDED

NAME	DATES ATTENDED	GRADUATE	MAJOR AREA OF STUDY	DEGREE OR LICENCE
	FROM TO	YES NO		
	FROM TO	YES NO		
	FROM TO	YES NO		

HAVE YOU EVER BEEN CONVICTED OF A CRIME, WHICH HAS NOT BEEN EXPUNGED BY THE COURT? YES NO

IF YES, GIVE DETAILS AND DATES OF EACH DISPOSITION IN REMARKS SECTION. (A CONVICTION WILL NOT NECESSARILY PRECLUDE YOU FROM OBTAINING EMPLOYMENT UNLESS THE NATURE OF THE CONVICTION RELATES ADVERSELY TO THE POSITION SOUGHT.)

MACHINES OPERATED AND/OR SPECIAL SKILLS:

ALSO ANY OTHER LICENSES, Certifications OR INTERSHIPS RELATED TO YOUR SKILL PROFESSION OR TRADE:

TYPING YES NO APPROX. SPEED _____ SHORTHAND? YES NO APPROX. SPEED _____

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A STATE OF NEW JERSEY PENSION OR RETIREMENT FUND YES NO
IF YES, EXPLAIN IN REMARKS SECTION

HAVE YOU EVER BEEN EMPLOYED BY THE COUNTY OF MERCER? YES NO

IF YES, WHEN? FROM: _____ TO: _____

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE COUNTY OF MERCER? YES NO
IF YES, WHEN? DATE

REMARKS:

EMPLOYMENT RECORD (BEGIN WITH PRESENT EMPLOYER) ATTACH ADDITIONAL SHEETS IF NECESSARY

NAME & ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES	
	FINAL SALARY:		
DATES OF EMPLOYMENT: FROM: _____ TO: _____	REASON FOR LEAVING:		
<input type="checkbox"/> FULL TIME NUMBER OF <input type="checkbox"/> PART TIME HOURS PER WEEK: _____			
NAME & ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES	
	FINAL SALARY:		
DATES OF EMPLOYMENT: FROM: _____ TO: _____	REASON FOR LEAVING:		
<input type="checkbox"/> FULL TIME NUMBER OF <input type="checkbox"/> PART TIME HOURS PER WEEK: _____			
NAME & ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES	
	FINAL SALARY:		
DATES OF EMPLOYMENT: FROM: _____ TO: _____	REASON FOR LEAVING:		
<input type="checkbox"/> FULL TIME NUMBER OF <input type="checkbox"/> PART TIME HOURS PER WEEK: _____			
REFERENCES: (GIVE THREE NAMES OF UNRELATED PERSONS WHO YOU HAVE KNOWN FOR MORE THAN ONE YEAR)			
NAME	ADDRESS	TELEPHONE #	POSITION
FOR PERSONNEL USE ONLY			

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE OR MISLEADING STATEMENT WILL BE CAUSE FOR REJECTION OR REMOVAL.

DATE OF APPLICATION: _____ SIGNATURE: _____